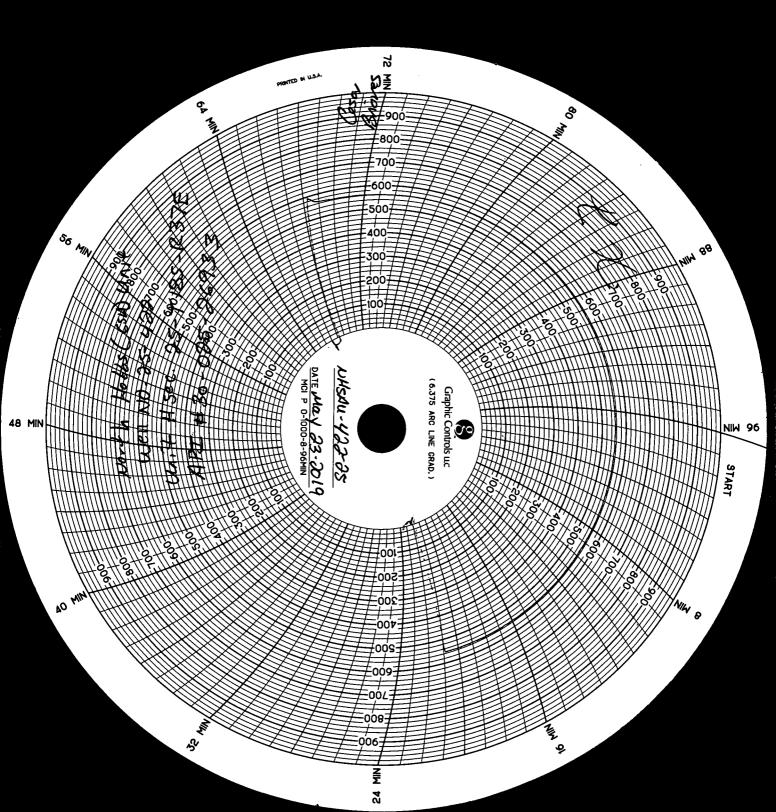
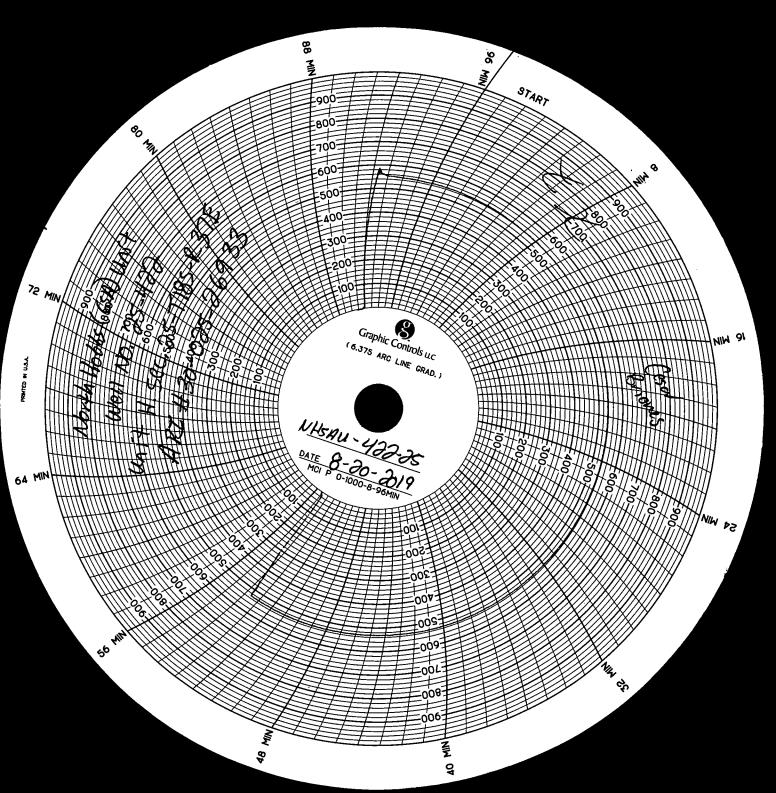
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103						
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.						
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		30-025-26933						
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease						
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE						
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.						
1220 S. St. Francis Dr., Santa Fe, NM 87505	CO .							
· SUNDRY NOT	ICES AND REPORTS ON WELLS (3)	7. Lease Name or Unit Agreement Name						
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OR TO DEEPEN OR BEACK TO A CATION FOR PERMIT" (FORM C-CATION FOR SUCH STATEMENT OF SUCH SUCH STATEMENT OF SUCH SUCH STATEMENT OF SUCH STATEMENT OF SUCH SUCH SUCH SUCH SUCH SUCH SUCH SUCH	North Hobbs G/SA Unit						
1. Type of Well: Oil Well	Gas Well Other Whjector	8. Well Number 422						
Name of Operator     Occidental Permian LTD	W. CEN	9. OGRID Number 157984						
3. Address of Operator	at	10. Pool name or Wildcat						
PO Box 4294 Houston, TX	77210	Hobbs; (G/SA)						
4. Well Location								
Unit Letter H:	1550 feet from the N line and	1300 feet from the E line						
Section 25	Township 18S Range 37E	NMPM County Lea						
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	)						
	3660' GR							
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data						
		•						
NOTICE OF IN		SSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON   REMEDIAL WOR CHANGE PLANS   COMMENCE DR	RK						
PULL OR ALTER CASING	MULTIPLE COMPL  CASING/CEMEN							
DOWNHOLE COMMINGLE		<del></del>						
CLOSED-LOOP SYSTEM	_	_						
OTHER:	OTHER:	d since manifes and decay in all discount decay and						
	leted operations. (Clearly state all pertinent details, an ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co							
proposed completion or rec		mponoisi raman woncore ungami or						
5/13/19: MIRU x NDWH x NUB	OP. 5/14/19: POOH 125 jts 2 7/8" tbg x 4 1/2" inj	equipment.						
• •	d @ 4298'. RIH 4 ½" cibp @ 4236' x dump bailed	• •						
RIH 4 ½" cicr @ 4048'. 5/17/19: Pumped 35 bbls cmt w/ 10 bbls into formation x squeezed to 2500 psi.								
	/ 40 bbls BW. 5/20/19 - 5/21/19: RIH x tagged to	· ·						
•	to PBTD @ 4350'. 5/23/19: RIH 4 1/2" injection p	_						
	-chart attached. 5/24/19: RD x NDBOP x NUWH.	W & 4070 X 123 Jis 2 770 tog X III						
• •	OP. POOH 125 jts 2 7/8" tbg x 4 1/2" inj equipme	nt						
	5% acid x flushed w/ 100 bbls BW. RIH 4 1/2" inje							
• • • •	Ran MIT – chart attached. RD x NDBOP x NUWH.	ction pki @ 40/0 x 123 jts 2 //8 tbg x iiij						
equipment @ 4003 : 6/23/13.	Add Will - Cliant attached. No x Nobor x Nown.							
Spud Date: 05/13/2019	09/20/20	40						
Spud Date: 05/13/2019	Rig Release Date: 08/29/20							
<u> </u>	<u> </u>							
I harshy costify that the information	above is true and complete to the best of my knowledg	re and haliaf						
Thereby certify that the information	anove is title and complete to the best of my knowledge	ge and bener.						
/ h2 i//	asky							
SIGNATURE (	TITLE Regulatory Specialist	DATE10/09/2019						
Type or print name April Santos	E-mail address: April_Hood@O	xy.com PHONE: 713-366-5771						
For State Use Only	E-man address:	rnone.						
V <sub>n</sub>	Into a d	DATE 11-15-19						
APPROVED BY:  Conditions of Approval (if any):	TITLE ( P)	DATE						





## State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT										
$\bigcap_{N}$	Operator)	Name					300	25-24	_	
	Pi	roperty Name					701	W	/ell No.	
North	Hobbs (GSA							25-4	22	
		, <u>S</u>	urface Locatio		<del></del>	0.0	<u> </u>		T 2 .	
	Sownship Range 87E		Feet from	243	Line	Feet Fi	roms	E/W Line	Lea	
Well Status										
YES TA'D WELL NO	YES SHUT-IN				PRODUCER GAS 5			DATE 0-19		
	<u> </u>		)			••	-		0-7.7	
OBSERVED DATA										
	(A)Surface	(B)Intern	n(J)	(C)Interm(2)			(D)Prod Csng		(E)Tubing	
Pressure							1			
Flow Characteristics										
Puff	Y/N	Y	N N		Y / N		Y/N		CO2	
Steady Flow	Y/N	Y	N		Y / N		Y/N		WTR GAS	
Surges	Y/N	Y	N		Y / N		Y/N		Type of Fluid	
Down to nothing	Y/N		N	Y / N			1	/ / N	injected for Waterflood if	
Gas or Oil	Y/N	ł	N	Y / N			l	/ / N	appties.	
Water	Y/N	Y	N		Y/N		'	/ / N		
Remarks - Please state for e	ach string (A,B,C,D,E) pert	inent information	n regarding bleed	down or	continuo			ERVATIO	N DIVISION	
Printed name:						Entered into RBDMS				
Title:					Re-test					
E-mail Address:							-			
Date:	Phone:	Phone:								
	Witness:						•		· · · · · · · · · · · · · · · · · · ·	
L	1						· ·			